

BEFORE COPYING FORM, ATTACH SITE IDENTIFICATION LABEL OR ENTER:

SITE NAME: WILCORP INDUSTRIES, INC.
ATTN: ENVIRONMENTAL MANAGER
748 PRAIRIE LANE
EPA ID NO: MARSHFIELD, MO 65706
EPA ID: MOD985798131 MO ID: 014854



U.S. ENVIRONMENTAL
PROTECTION AGENCY

1997 Hazardous Waste Report

FORM
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IDENTIFICATION AND
CERTIFICATION

Instructions: Please see the detailed instructions beginning on page 7 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each section is provided below.

Sec. I Site name and location address. Check the box ☐ in items A, B, C, E, F, G, and H if same as label; if different, enter corrections. If label is absent, enter information. Instructions page 7.

A. EPA ID No. Same as label <input checked="" type="checkbox"/> or → <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		B. County Same as label <input type="checkbox"/> or → Webster	
C. Site/company name Same as label <input checked="" type="checkbox"/> or →		D. Has the site name associated with this EPA ID changed since 1995? <input type="checkbox"/> 1 Yes <input checked="" type="checkbox"/> 2 No	
E. Street name and number. If not applicable, enter industrial park, building name, or other physical location description. Same as label <input checked="" type="checkbox"/> or →			
F. City, town, village Same as label <input checked="" type="checkbox"/> or →		G. State Same as label <input checked="" type="checkbox"/> or → <input type="checkbox"/> <input type="checkbox"/>	H. Zip Code Same as label <input checked="" type="checkbox"/> or → <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> - <input type="checkbox"/> <input type="checkbox"/>

Sec. II Mailing address of site. Instructions page 7.

A. Is the mailing address the same as the location address? <input type="checkbox"/> 1 Yes (SKIP TO SEC. III) <input checked="" type="checkbox"/> 2 No (CONTINUE TO BOX B)		
B. Number and street name of mailing address PO Box 45		
C. City, town, village Marshfield	D. State MO	E. Zip Code 65706 - <input type="checkbox"/> <input type="checkbox"/>

Sec. III Name, title, and telephone number of the person who should be contacted if questions arise regarding this report. Instructions page 7.

A. Last Name Van Landuyt	First name Randy	M.I. L	B. Title Plant Manager	C. Telephone Number 417 855-7172 Extension <input type="checkbox"/> <input type="checkbox"/>
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Sec. IV "I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties under Section 3008 of the Resource Conservation and Recovery Act for submitting false information, including the possibility of fine and imprisonment for knowing violations." Instructions page 8.

A. Last Name Van Landuyt	First name Randall	M.I. L	B. Title Plant Manager
C. Signature Randall Van Landuyt			D. Date of signature 02 05 98 Month Day Year

BRS series data entered
BY TRICOR/OT
ON ENO JUL 05 1998

Sec. V Generator status. Instructions begin on page 8.**A. 1997 RCRA generator status**

(CHECK ONE BOX BELOW)

- ☒ 1 LQG
☐ 2 SQG
☐ 3 CESQG
☐ 4 Non-generator (CONTINUE TO BOX B)

} SKIP TO SEC. VI

B. Reason for not generating

(CHECK ALL THAT APPLY)

- ☐ 1 Never generated
☐ 2 Out of business
☐ 3 Only excluded or delisted waste
☐ 4 Only non-hazardous waste
☐ 5 Periodic or occasional generator
☐ 6 Waste minimization activity
☐ 7 Other (SPECIFY IN COMMENTS BOX BELOW)

Sec. VI On-site waste management status. Instructions page 10.**A. Storage subject to RCRA permitting requirements**☐**B. Treatment, disposal, or recycling subject to RCRA permitting requirements**☐

Comments:



R00104039

RCRA RECORDS CENTER

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SITE NAME: Wilcorp Industries

EPA ID NO: M1010 51815 71918 11311



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FORM
GM

WASTE GENERATION
AND MANAGEMENT

Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I	A. Waste description (page 12) <u>Spent toluene and methyl ethyl Ketone from machine and parts cleaning and from adhesive residue.</u>				
	B. EPA hazardous waste code (page 12) <u>F1005 10035</u> <u>0001</u> <u>NA</u> <u>NA</u>		C. State hazardous waste code (page 13) _____		
D. SIC code (page 13) <u>5169</u>	E. Origin code (page 13) <u>1</u> System Type <u>M</u>	F. Source code (page 14) <u>A109</u>	G. Point of measurement (p. 14) <u>1</u>	H. Form code (page 14) <u>B1210</u>	I. RCRA-radioactive mixed (page 14) <u>2</u>
Sec. II	A. Quantity generated in 1997 (page 15) <u>253250.0</u>		B. UOM (page 15) <u>1</u> Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg		C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
	ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2		
On-site process system type (page 16) <u>M</u>		Quantity treated, disposed, or recycled on site in 1997 (page 16) _____		On-site process system type (page 16) <u>M</u>	
Quantity treated, disposed, or recycled on site in 1997 (page 16) _____		Quantity treated, disposed, or recycled on site in 1997 (page 16) _____		Quantity treated, disposed, or recycled on site in 1997 (page 16) _____	
Sec. III	A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
	Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>MND 006 172 969</u>	C. System type shipped to (p. 17) <u>M1041</u>	D. Off-site availability code (page 17) _____	E. Total quantity shipped in 1997 (page 17) <u>253250.0</u>
	Site 2	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) _____	E. Total quantity shipped in 1997 (page 17) _____
	Site 3	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) _____	E. Total quantity shipped in 1997 (page 17) _____

Comments:

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SITE NAME: Wilcorp Industries

EPA ID NO: M1010 985 798 131



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Sec. I	A. Waste description (page 12) <u>Waste compressed gas from spent aerosol cans</u>					
	B. EPA hazardous waste code (page 12) <u>D1010</u>			C. State hazardous waste code (page 13) <u></u>		
	D. SIC code (page 13) <u>5169</u>	E. Origin code (page 13) <u>1</u> System Type <u>M</u>	F. Source code (page 14) <u>A119</u>	G. Point of measurement (p. 14) <u>1</u>	H. Form code (page 14) <u>B810</u>	I. RCRA-radioactive mixed (page 14) <u>2</u>

Sec. II	A. Quantity generated in 1997 (page 15) <u>65100.10</u>	B. UOM (page 15) <u>1</u> Density <u></u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
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ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site process system type (page 16) <u>M</u>	Quantity treated, disposed, or recycled on site in 1997 (page 16) <u></u>	On-site process system type (page 16) <u>M</u>	Quantity treated, disposed, or recycled on site in 1997 (page 16) <u></u>

Sec. III	A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
	Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>M1010 1016 172 969</u>	C. System type shipped to (p. 17) <u>M1044</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1997 (page 17) <u>63100.10</u>
	Site 2	B. EPA ID No. of facility waste was shipped to (page 17) <u></u>	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1997 (page 17) <u></u>
	Site 3	B. EPA ID No. of facility waste was shipped to (page 17) <u></u>	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1997 (page 17) <u></u>

Comments:

F. Spraying of aerosols for parts cleaning and lubricating.

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Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I	A. Waste description (page 12) <u>Waste corrosive adhesive residue from machine cleaning.</u>					
B. EPA hazardous waste code (page 12) <u>D1002</u>			C. State hazardous waste code (page 13) _____			
D. SIC code (page 13) <u>5169</u>	E. Origin code (page 13) <u>1</u> System Type <u>M</u>	F. Source code (page 14) <u>A09</u>	G. Point of measurement (p. 14) <u>1</u>	H. Form code (page 14) <u>B219</u>	I. RCRA-radioactive mixed (page 14) <u>2</u>	

Sec. II	A. Quantity generated in 1997 (page 15) <u>33750.0</u>	B. UOM (page 15) <u>1</u> Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)
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ON-SITE PROCESS SYSTEM 1		ON-SITE PROCESS SYSTEM 2	
On-site process system type (page 16) <u>M</u>	Quantity treated, disposed, or recycled on site in 1997 (page 16) _____	On-site process system type (page 16) <u>M</u>	Quantity treated, disposed, or recycled on site in 1997 (page 16) _____

Sec. III	A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)			
Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>M1010 006172 969</u>	C. System type shipped to (p. 17) <u>M041</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1997 (page 17) <u>33750.0</u>
Site 2	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1997 (page 17) _____
Site 3	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1997 (page 17) _____

Comments:

H. Corrosive Liquid, Acidic, organic liquid.

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Instructions: Please see the detailed instructions beginning on page 11 of the instructions and forms booklet before completing this form. In addition, the page number for instructions specific to each box is provided in parentheses.

Sec. I	A. Waste description (page 12) <u>Waste petroleum naphtha from part cleaning.</u>					
	B. EPA hazardous waste code (page 12) <u>01018 01040</u>			C. State hazardous waste code (page 13) <u> </u>		
D. SIC code (page 13) <u>5169</u>	E. Origin code (page 13) <u>1</u>	F. Source code (page 14) <u>A109</u>	G. Point of measurement (p. 14) <u>1</u>	H. Form code (page 14) <u>B219</u>	I. RCRA-radioactive mixed (page 14) <u>2</u>	

Sec. II	A. Quantity generated in 1997 (page 15) <u> 885.0</u>		B. UOM (page 15) <u>1</u>	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)	
			Density <u> </u> <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg		
ON-SITE PROCESS SYSTEM 1			ON-SITE PROCESS SYSTEM 2		
On-site process system type (page 16) <u>M</u>		Quantity treated, disposed, or recycled on site in 1997 (page 16) <u> </u>		On-site process system type (page 16) <u>M</u>	
		Quantity treated, disposed, or recycled on site in 1997 (page 16) <u> </u>			

Sec. III	A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
	Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>M1010 0101669 069</u>	C. System type shipped to (p. 17) <u>M1021</u>	D. Off-site availability code (page 17) <u>1</u>	E. Total quantity shipped in 1997 (page 17) <u> 885.0</u>
	Site 2	B. EPA ID No. of facility waste was shipped to (page 17) <u> </u>	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u> </u>	E. Total quantity shipped in 1997 (page 17) <u> </u>
	Site 3	B. EPA ID No. of facility waste was shipped to (page 17) <u> </u>	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u> </u>	E. Total quantity shipped in 1997 (page 17) <u> </u>

Comments:

H. Petroleum naphtha.

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EPA ID NO: 1010151811311



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Sec. I	A. Waste description (page 12) <u>Waste cleaning liquid compounds (monoethanolamine) from parts cleaning.</u>				
	B. EPA hazardous waste code (page 12) <u>101016 10118</u> <u>10127 10139 10140</u>		C. State hazardous waste code (page 13) _____		
D. SIC code (page 13) <u>51169</u>	E. Origin code (page 13) <u>1</u> System Type <u>M</u>	F. Source code (page 14) <u>A109</u>	G. Point of measurement (p. 14) <u>1</u>	H. Form code (page 14) <u>B1219</u>	I. RCRA-radioactive mixed (page 14) <u>2</u>

Sec. II	A. Quantity generated in 1997 (page 15) <u>948.0</u>	B. UOM (page 15) <u>1</u> Density _____ <input type="checkbox"/> 1 lbs/gal <input type="checkbox"/> 2 sg	C. Did this site do any of the following to this waste: treat on site, dispose on site, recycle on site, or discharge to a sewer/POTW? (page 15) <input type="checkbox"/> 1 Yes (CONTINUE TO ON-SITE PROCESS SYSTEM 1) <input checked="" type="checkbox"/> 2 No (SKIP TO SEC. III)	
	ON-SITE PROCESS SYSTEM 1 On-site process system type (page 16) <u>M</u> Quantity treated, disposed, or recycled on site in 1997 (page 16) _____		ON-SITE PROCESS SYSTEM 2 On-site process system type (page 16) <u>M</u> Quantity treated, disposed, or recycled on site in 1997 (page 16) _____	

Sec. III	A. Was any of this waste shipped off site in 1997 for treatment, disposal, or recycling? (page 17) <input type="checkbox"/> 1 Yes (CONTINUE TO BOX B) <input type="checkbox"/> 2 No (FORM IS COMPLETE)				
	Site 1	B. EPA ID No. of facility waste was shipped to (page 17) <u>101016691069</u>	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) <u>4</u>	E. Total quantity shipped in 1997 (page 17) <u>948.0</u>
	Site 2	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) _____	E. Total quantity shipped in 1997 (page 17) _____
	Site 3	B. EPA ID No. of facility waste was shipped to (page 17) _____	C. System type shipped to (p. 17) <u>M</u>	D. Off-site availability code (page 17) _____	E. Total quantity shipped in 1997 (page 17) _____

Comments:

H. monoethanolamine